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Bib Data Sheet

CONFIRMATION NO. 5337

SERIAL NUMBER 10/802,745	FILING DATE 03/18/2004 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 07860004US
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/02/2004

## \*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Met after Allowance			
Verified and Acknowledged	<i>CH</i> Examiner's Signature	<i>CH</i> Initials	DRAWING 16	CLAIMS 23	CLAIMS 3

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## TITLE

Nebulizer mouthpiece

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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